N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 28629
Township Primary Registration District No. 1001 Registered No. 860
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Orpha Viola Winemiller,
(a) Residence, No. St., Ward. Sheridan, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ralph Winemiller,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1, 1888
7. AGE: YEARS 51 MONTHS 0 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Colorado,

FATHER
13. NAME Thomas Byron Stoner,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER
15. MAIDEN NAME Emma Amelia Schneider,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Iowa,

17. INFORMANT (ADDRESS) Ralph Winemiller, Sheridan, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheridan, Mo. DATE August 22, 1939
19. UNDERTAKER (ADDRESS) Keaton-Bellale & Bowman 310 So. 10th. Str. Tuscola
20. FILED Aug 22 1939 A. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1939, to August 21, 1939
I last saw it alive on August 21, 1939. Death is said to have occurred on the date stated above, at 10:45 p.m.
The principal cause of death and related causes of importance were as follows:

Cause undetermined

Date of onset

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Other contributory causes of importance:
Peritonitis 8-17-39?

Name of operation autopsy refused Date of
What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify
(Signed) S. E. Senor, M. D.
(Address) St. Joseph, Mo.

Harold Bowman
3619